## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **February1st through 15th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

ADDI IOATION FOR				OMB Approval No. 0348	-00
APPLICATION FOR		2. DATE SUBMITTED		.,	
FEDERAL ASSISTA	NCE	2/14/03		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication		FERENAL ACENOV	[	
l <b>=</b>	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction				
Legal Name:			Organizational Unit:		
Marin Resour	10 COASMUNDER	um Acktorik	Special	District	
Address (give city, county, State,		Marin County		number of person to be contacted on matters inve	olvi
PO 83	the state of the		this application (give a	•	
1	/ <b></b> / <b></b> /	California	i '		
	- / /	14956	Mancy:	Scolari (415) 663-1170	)
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	•	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
49-1658	1700			6-	
			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning     Districts University	
<b>∑</b> New	Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe	~-
  If Revision, enter appropriate lett	er(s) in hov(es)		E. Interstate	L. Individual	- A
in revision, enter appropriate lett	cr(3) 111 box(63)		F. Intermunicipal	M. Profit Organization	ľ
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) FFR 1 4 2003	W. Carrier
D. Decrease Duration Other(s	specify):		- '		in copy
			9. NAME OF FEDERA	IL AGENCY:	T
			7-00	STATE CLEARING HOUSE	11.3
		······································	EPA	The state of the s	
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	FLE OF APPLICANT'S PROJECT:	
Office of W	Jatec [	66-467	-		
	L.	06 761	Floodpl	ain Wetlands, west	
TITLE: Wetlan			Marcia	County, CA	
12. AREAS AFFECTED BY PRO	Standard (Cities, Counties, Standard)	tes, etc.):		Cooring; Cri	
0		e A			
NOTAL WEST M	arin county,	CA	<u> </u>		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
9/03 9/05	DISTYLLTS 3	Sand 6	1 ' (	3 and 6	
15. ESTIMATED FUNDING:	212.11013 4	I LLOVE V		SUBJECT TO REVIEW BY STATE EXECUTIVE	=
			ORDER 12372 PR	'	•
a. Federal	\$	00			
	•		a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	00	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372	
			PROCESS F	FOR REVIEW ON:	
c. State	\$	.00		N	
		····	DATE	414/03	
d. Local	\$	00		•	
- 01	_	00		M IS NOT COVERED BY E. O. 12372	
e. Other	\$		_	RAM HAS NOT BEEN SELECTED BY STATE	
f December to the control of		00	FOR REVI	EVV	
f. Program income	\$ <del></del>	• • •	47 IO TUE 4000 1000	IT DELIMONER ON ANY PERSON ASSESSED.	
g. TOTAL	\$	60	_	IT DELINQUENT ON ANY FEDERAL DEBT?	
g. 1 - 0 11 to	•	•	Yes If "Yes," a	attach an explanation. 🕍 No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

President

b. Title

d. Signature of Authorized Representative Previous Edition Usable

Authorized for Local Reproduction

a. Type Name of Authorized Representative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

45-663-1170

c. Telephone Number

e. Date Signed

APPLICATION FOR FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED 2/12/03		Applicant Identif	ifler	· · · · · · · · · · · · · · · · · · ·
1.TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Applicatio	on Identifier	
l	eapplication	4. DATE RECEIVED BY FEDER	AL ACENCY	Endoral Identifia	O.P.	
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED DT PEDER	AL AGENCI	n adatai idalitiila	oi	
5. APPLICANT INFORMA				L		
Legal Name: Plowshares	Peace and J	lustice Center	Organization			
Address (give city, county, state P.O. Box 475, Ukiah, C		cino County)	Į.	lephone number of ion (give area co	of person to be contacted on matters invo ode)	phiving
			М	ary Buckle	ey, 707-462-8582	
6. EMPLOYER IDENTIFICATION	(EIN):	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ter appropriate letter in box)	
6 8 - 0 2	1 8 7	8 1	A. State B. County	H. v 1.	Independent School Dist. State Controlled institution of Higher Le	arming
8. TYPE OF APPLICATION:  N  N  If Revision, enter appropriate let		inuation Revision	C . Municip D. Townsl E. Intersta F. Intermu G. Special	al J. hip K. ate L.	Private University Indian Tribe	
1	s, Decrease Award hther (specify):	c. Increase Duration				
			9. NAME OF	FEDERAL AGEN	VCY:	
			US	SDA Rural	I Development	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANC	E NUMBER:			APPLICANT'S PROJECT:	
TITLE:	1 (	7 6 6		nmunity Diracility Cor	ining Room (soup kitchen) nstruction	)
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties	, States, etc.)				
Ukiah area, M	endocino Co	unty CA				
13. PROPOSED PROJE	<del></del>	ESSIONAL DISTRICTS O	·F:			
Start Date Ending Date	a. Applicant		b. Proj		<u> </u>	
3/1/03 9/30/05		<u>rict (Mike Thompso</u>	n)	1st District	ct (Mike Thompson) SUBJECT TO REVIEW BY STATE EXECUT	TIVE
15.	ESTIMATED FU		OI	RDER 12372 PRO		1,4.
a. Federal	\$	50,000	).00 a.		EAPPLICATION/APPLICATION WAS MAD	E
b. Applicant	\$	515,000	0.00		BLE TO THE STATE EXECUTIVE ORDER ROCESS FOR REVIEW ON:	
c. State	\$	35,000	.00	DATE	2/12/03	
d. Local	s	0	0.00 b.	. NO ПРКО	OGRAM IS NOT COVERED BY E.O. 12372	
e. Other	\$	1,200,000	.00		PROGRAM HAS NOT BEEN SELECTED BY ITE FOR REVIEW	<b>'</b>
f. Program Income	\$	0	.00 17. IS	<b>-</b>	T DELINQUENT ON ANY FEDERAL DEBT	,
g. Total	\$	1,800,000	.00 -	YES (Attach ex	(planation) NO	
CORRECT, THE DOCUM APPLICANT WILL COMP	MENT HAS BEEN LY WITH THE A	N DULY AUTHORIZED E TTACHED ASSURANCE:	BY THE GO	OVERNING B		AND THE
a.Type Name of Authorized Repr		b. Title	autice Di	iroota-	c. Telephone Number	2
Mary Buckle d Signature of Authorized Repres	antativa 1		<u>cutive Di</u>	II <del>C</del> COT	(707) 462-858 e. Date Signed	
· ,	Ma	y Suchlar	Emma Anal teams	A brane fort	2/12/03	
Previous Edition Usable AUTHORIZED FOR LOCAL REPRO		1			STANDARD FORM 424 (REV. Prescribed by OMB Circular A-102	4-92)
		PARAMENTAL	FEB 1	4 2003		

STATE CLEARING HOUSE

OMB Approval No. 0349-00

APPLICATION FOR				OMB Approval No. 0348-00
FEDERAL ASSISTAL	NCE	2 DATE SUBMITTED 2-12-03		Applicant Identifier
1. TYPE OF SUBMISSION:	1	3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication		CEEDERAL APPLIANCE	Fadorel Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
County of	Ventura, Plannin	g Division		
Address (give city, county, State,	and zip code):		1	number of person to be contacted on matters involving
800 S. Vic			this application (give as Lorraine Rul	
Ventura, C	A 93009-1740		805/654-2466	<del> </del>
G. EMPLOYER IDENTIFICATION	( NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
95-6000				В
			A. State	H, Independent School Dist.
8. TYPE OF APPLICATION:				I. State Controlled Institution of Higher Learning
IX New	Continuation	Revision .	C. Municipal D. Township	J. Private University K. Indian Tribe
			E. Interstate	L Individual
If Revision, enter appropriate lette	er(s) in box(es)			M. Profit Organization
A. Increase Award B. Decr	ease Award C. Increase	Duration	1	N, Other (Specify)
D. Decrease Duration Other/s		- Ograzon		
D. Doorogo Sordinan	p 0 2 1 3 7 1		9. NAME OF FEDERA	L AGENCY:
			Environmen	tal Protection Agency
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:
	_	66 - 461	Making Bette	er Use of Docal Land
		0 0 - 1 - 1 0 1 - 1	Use Planning	g Tools (d) retent
TITLE: Wetland Gr			Wetlands	
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Stat	les, etc.):		
Ventura County		:	•	JUU FEB 1
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	- CIFAR
11/4/03 11/4/05	23 <b>r</b> d		23 <b>rd</b> &	24th
15. ESTIMATED FUNDING:			16. IS APPLICATION S ORDER 12372 PRO	24 th SUBJECT TO REVIEW BY STATE EXECUTIVE DOCESS?
a. Federal	\$ 100 050	.00		~
	199,850			PPLICATION/APPLICATION WAS MADE
b. Applicant	\$	60	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372
	68,910		PROCESS F	OR REVIEW ON:
c. State	\$	.00	DATE 2-1	2-03
d. Local	\$		n No □ PROGRAN	M IS NOT COVERED BY E. O. 12372
e. Other	5	īx	☐ OR PROG	RAM HAS NOT BEEN SELECTED BY STATE
	-	40	FOR REVI	EW
f. Program Income	\$ =		17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	<sup>\$</sup> 268,760	œ	Yes If "Yes," m	ttach an explanation.
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TIONPREAPPLICATI	ON ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF THE	APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSUFANCES IF T				
a. Type Name of Authorized Repri		b. Tide Director, Resource		c. Telephone Number 805/654-2661
d. Signature of Withdood Repres	enlative			e. Date Signed 2 - 13-03
Day in a Edition I least to	as 12		1	Standard Form 424 (Rev. 7-97)
Previous Edition Usable Authorized for Local Reproduction				Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR				Applicant Identifier	
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicatit ideimilai	
		February 12. 2			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
1	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
X Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	لقما				
Legal Name:			Organizational Unit:	4 .	
Lava Beds/Butte Valle	ev Resource Cons	ervation District	Special Distr	ict	
Accress (give city, county, State,	and zip code):		Name and telephone r	number of person to be contacted or	matters involving
P.O. Box 861 611 Ma	in Street		this application (give a)		
Tulelake, Siskiyou Co			Joan Loustale	et (530) 667-3121	
6, EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
<del></del>	· · · · · · · · · · · · · · · · · · ·				G
9 3 - 1 3 1 8	4 4 0		A. State	H. Independent School Dist.	
B. TYPE OF APPLICATION:			B. County	1. State Controlled Institution of Hig	her Learning
	Continuation	Revision	C. Municipal	J. Private University	
× New	Continuation		D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)	SECURAL AND SECURE OF THE SECU	E. interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Decr	rease Award C. Incredse	Duration	G. Special District	N, Other (Specify)	
D. Decrease Duration Other(s	pecify):	CTD & A ann			
	A CHOCKER	FEB 1 2 200	9. NAME OF FEDERA		
	7.02.00 P		Environmenta	Protection Agency	
	ls ls	TATE OF FARING LIC	t toom i		
10. CATALOG OF FEDERAL DO			11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:	
	r	6 6 - 4 6 1	Klamath River	Watershed projects co	ordination :
	. L	0 0 - 4 0 1		, ·	
TITLE:					
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):			
Counties in N					
Counties in in	Ululelli Cai	IIIVIIIIa			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Wetlands project coord	second				
Start Date Ending Date	a. Applicant		b. Project		7. 4.7
10/1/03 10/31/05	Lava Beds/Butte \	/alley RCD		watershed project coord	
15. ESTIMATED FUNDING:			18. IS APPLICATION	SUBJECT TO REVIEW BY STATE	EXECUTIVE
many week			ORDER 12372 PR	OCESS?	
a. Federal	s o	A AAA <sup>®</sup>			
	9:	9,990		PPLICATION/APPLICATION WAS	
b. Applicant	\$ 6	0 00E	AVAILABLE	TO THE STATE EXECUTIVE ORD	ER 12372
	6	8,025 🖑 📉	PROCESS	FOR REVIEW ON:	
c. State	\$	0 ,	DATE 2/	12/03	
		-	DATE	: <del>-,</del>	
d. Local .	\$	0			, materia
				M IS NOT COVERED BY E. O. 123	
e. Other	\$	0 - ""		SRAM HAS NOT BEEN SELECTED	BISIAIE
			FOR REV	1EVV	
f, Program Income	\$	0 "			
		V	17. IS THE APPLICAN	NT DELINQUENT ON ANY FEDER	AL DEST?
g. TOTAL	\$ 16	8,015 ຶ	Yes If "Yes,"	attach an explanation.	x No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF. ALI	L DATA IN THIS APPLIC.	ATION/PREAPPLICAT	ION ARE TRUE AND CORRECT,	ME TOTOE
			E APPLICANT AND TH	IE APPLICANT WILL COMPLY W	in int
ATTACHED ASSURANCES IF				T	
a. Type Name of Authorized Rapi	resentative	b. Title		c. Telephone Number	٠
Michael Byrne		President		(530) 667-3471	
d. Signature of Authorized Repres	sentation			e, Date Signed	
Mulade	yme				

APPLICATION FOR					OMB Approval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED	- W. L. William W. C.	Applicant Identifie	*
LEDEKAL AGGIGTA	IVOL	February 10	2//3		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	dentifier
Application	Preapplication				
X Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				THE RESIDENCE OF THE PARTY OF T
5. APPLICANT INFORMATION			Organizational flait		
Legal Name: McCloud Community		ict	Organizational Unit:		
Address (give city, county, State	, and zip code):				be contacted on matters involving
P.O. Box 640 (Mai 220 W. Minnesota	Avenue (Physical	1 Address)	this application (give a	•	0
McCloud, Californ	ia 96057	r Address/	Peter J. Ka (530) 964-2	017	
6. EMPLOYER IDENTIFICATIO		•	7. TYPE OF APPLICA	NT: (enter appropr	
94-161	4 3 1 2		A. State	H. Independent So	G G
8. TYPE OF APPLICATION:		STREET, THE PARTY OF THE PARTY	B. County		Institution of Higher Learning
X Nev	Continuation	Revision	C. Municipal	J. Private Universi	ly
		1.00	D. Township	K. Indian Tribe	
If Revision, enter appropriate left	er(s) in box(es)		E. Interstate	<ul> <li>L. Individual</li> <li>M. Profit Organiza</li> </ul>	tion
A, Increase Award B. Dec	rease Award C. Increas	e Duration	F. Intermunicipal G. Special District	N. Other (Specify)	
D. Decrease Duration Other(				, , , , , , , , , , , , , , , , , , , ,	
			9. NAME OF FEDERA USDA Rural Rural Util	ALAGENCY: Developmen ities Servi	t .
		Andrew Control	ĺ		
10. CATALOG OF FEDERAL D Water & Waste	OMESTIC ASSISTANCE N		11. DESCRIPTIVE TO		
Disposal Land &	:	1 0 - 7 6 0		wer Collect	
TITLE: Grant A	Application		Replacement Project -		
12. AREAS AFFECTED BY PRO		ates, etc.):			There are been to be the second of
McCloud, Siskiyo	ou, California				cco i 1 2002
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	1		50 Same W. of St
Start Date Ending Date			b. Project		STATE CLEARING HOUS
10/2002 06/2004	Secon	d		cond	CONTROL OF THE PARTY OF THE PAR
15. ESTIMATED FUNDING:			,		VIEW BY STATE EXECUTIVE
a. Federal	S	700	ORDER 12372 PF	ROCESS?	
e. recerei	2,3	79,813	a. YES. THIS PRE	APPLICATION/APP	PLICATION WAS MADE
b Applicant	S	Oli	1	E TO THE STATE I FOR REVIEW ON	EXECUTIVE ORDER 12372
c. State	3	Oti-		02/10/03	
d Local	\$	IN.	DATE	74/17/77	
d Local	41 <sup>1</sup>	•	b. No.   PROGR	AM IS NOT COVER	RED BY E. O. 12372
e. Other	3.	(Ki	1		BEEN SELECTED BY STATE
Programment account of the state of the stat			FOR RE	VIEW	
t. Program Income	S.	€II:			About Address of the Control of the

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

ATTACHED ASSURANCES IF THE ASSISTANCE IS	AWARDED.		
a. Type Name of Authorized Representative	b. Titic		c. Telephone Number
Peter I Kampa or Sharon Guymo	n General	Mor - Finance	0  fc (530) $964-2017$

2,379,813

e. Date Signed

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation.

February 16, 2003 Standard Form 424 (Rev. 7-97)

Previous Edition Usable

g. TOTAL

X No

APPLICATION FOR		0.017201171177		Applicant Identifier
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			
Construction	X Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION			Organizational Unit:	
Legal Name:			Board of Di	rectors
Earlimart Publi	ic Utility Disti	CICU	Name and telephone	number of person to be contacted on matters involving
Address (give city, county, State,	and zip codej.		this application (give a	rea code)
P.O. Box 10148 Earlimart, CA	93219		Dennis R. Ke (559) 732-79	38
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
	1 5 4		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
X New	Continuation	Revision	C. Municipal	J. Private University
ļ			D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual M. Profit Organization
	C tomoso	a Duration	F. Intermunicipal G. Special District	_ T
1 "	rease Award © lincreas specify):	e Delation	d. opedial biolina	
D. Decrease Duration Other(	specify.		9. NAME OF FEDERA	AL AGENCY:
				tes Department of Agriculture.
			Rural Devel	Lopment
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:
IN CATALOG OF FEDERAL S				See that the same way to be the same of th
Water &			Intercept	cor and Sewer Relief Pipelines
TITLE: Disposal	Loan and Grant	Program	]	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, St.	ates, etc.):		I Fr
Earlimart, Cali				FEB 10 2003
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:	· · · · · · · · · · · · · · · · · · ·	ESTATE CLEARING HOUSE
Start Date Ending Date	a. Applicant		b. Project	The second secon
7/03 3/04	] 21st	····	21st	SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			i	
	I a	. 00	ORDER 12372 PF	HOCESS?
a. Federal	1,0	06,000	A YES THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant	İs	- ∞		E TO THE STATE EXECUTIVE ORDER 12372
D. Application		0 .	I.	FOR REVIEW ON:
c. State	\$	0 ·°°°	DATE	2/5/03
d. Local	\$	0 ⋅∞	b. No.   PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	::0 · <b>°</b>		GRAM HAS NOT BEEN SELECTED BY STATE
f. Program income	\$	∴0 · <b>∞</b>		NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	<u> </u>	∞	1	
J. TOTAL	1,0	006,000	Yes if "Yes,"	attach an explanation.
				TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	•	ARDED.		HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep Elzie R. Powell		b. Title Preside	nt, f Directors	c. Telephone Number (661) 849–2663
d. Signature of Authorized Repre	sodistivo «"	, poara o		e. Date Signed
E KILO N	Danel			1-240003
Previous Edition Usable				Standard Form 424 (Rev. 7-97)

APPLICATION FOR	 			OMB Appi	roval No. 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
		February	6, 2003		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B		State Application Identifier	**************************************
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	<u> </u>			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
Mexican Americ	an Onnortunit	v Foundation	i "		
Address (give city, county, State	and zip code):	<u>y roundacto</u>		number of person to be contacted	on matters involvi
401 N. Garfiel	•		this application (give a		
Montebello, CA			Martin Cas	stro (323) 890-90	656
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box	v)
9 5 - 2 5 9 4	<del></del>			The state of the s	N
	i i o o		A. State	H. Independent School Dist.	7.14
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Hi	gher Leaming
XX Nev	v Continuation	Revision	C. Municipal	J. Private University	
If Bayisian anter conservate let	tor(a) in horr(ac)		D. Township	K. Indian Tribe	
If Revision, enter appropriate let	ler(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duration	1	N. Other (Specify) Non-pro	ofit
D. Decrease Duration Other				о и от (оросиу)	selmeter, at en bet man
			9. NAME OF FEDERA	L AGENCY:	*****
		· · · · · · · · · · · · · · · · · · ·	Departmen	toof:Labor	
10. CATALOG OF FEDERAL D		MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
Senior Communi	_	1 7 — 2 3 5	"Senior Cor	mmunity Service I	Employ-
Employment Pro	ogram –			am": To promote 1	
12. AREAS AFFECTED BY PRO	NECT (Cities Counties State	ac etc.)	part-time e	employment opport	tunities
IL AREAGAILEGIES STIRE	out (omes, obtaines, orac	.o, c.i.,	in communit	ty service to low	<i>w-</i> income
California			persons age	ed 55 years and o	older.
13. PROPOSED PROJECT SCSEP	14. CONGRESSIONAL DIS 17-22; 25-40;		53		
	a. Applicant			r Community Serv	100
7/01/03 6/30/04	Mexican Americ	an Opp.Foun	d. Employ	vment Program"	TCE
15. ESTIMATED FUNDING:			16. IS APPLICATION S	yment Program" UBJECT TO REVIEW BY STATE	EXECUTIVE
			ORDER 12372 PRO	CESS?	
a. Federal	\$ 6,273,1	81 <sup>00</sup>			
		00		PLICATION/APPLICATION WAS	
b. Applicant	\$ 39,0	1		TO THE STATE EXECUTIVE ORD	ER 12372
c. State	\$	00	PROCESS P	OR REVIEW ON:	
5, 5,4,6	0	,	DATE 2/	5/03	
d. Local	\$	.00			
	0		b. No.   PROGRAM	IS NOT COVERED BY E. O. 123	72
	\$ 588 <b>,</b> 3	18.	OR PROGR	RAM HAS NOT BEEN SELECTED	BY STATE
<u>In-kind</u>			FOR REVIE	EW .	
. Program Income	\$	.00			
ı. TOTAL	\$	00	17. IS THE APPLICANT	DELINQUENT ON ANY FEDERA	L DEBT?
J. TOTAL	° 6,900,49	9.	Yes If "Yes," att	ach an explanation.	KXNo
8. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL C	DATA IN THIS APPLICA	TION/PREAPPLICATIO	ON ARE TRUE AND CORRECT, T	HE
DOCUMENT HAS BEEN DULY A	UTHORIZED BY THE GOVE	ERNING BODY OF THE	APPLICANT AND THE	APPLICANT WILL COMPLY WIT	'H THE
ATTACHED ASSURANCES IF T	***************************************	~			
Type Name of Authorized Repre		Title Procident 5		Telephone Number (323) 890-9656	
Martin Castro  . Signature of Authorized Represe		President &,		Date Signed	
martin Co	tu		6.	2/06/03	ļ
revious Edition Usable		FEB 1 0 2	uns	Standard Form 424 (Rev.	. 7-97)
authorized for Local Reproduction		LED I A 7	.UUJ	Prescribed by OMB Circul	,
	į	j	ĺ		

STATE CLEARING HOUSE

APPLICATION FOR		OMB Approval No. 0348-0043
FEDERAL ASSISTANCE .	Pate Submitted	Applicant Identifier
1. TYPE OF SUBMISSION:	Date Received by State     Sta	te Application Identifier E G E W E
Application Prespolication  Construction Construction  X Nonconstruction Nonconstruction	.Date Rec'd by Fed Agency Fed	deral Identifier
	I	DE-FG03-948F20509 UU FEB 1 0 2003
5. APPLICANT INFORMATION Legal Name	Organizational Unit	
State Water Resources Control Board	San Francisco Bay Re	gional Water Quality Control Board
Address (give city, county, state, and zip code):	Name and telephone of involving this applica	person to be contacted for mattrice EARING HOUSE
State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814	John Kaiser (510) 622-2368	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	7. TYPE OF APPLICANT: (6	nter appropriate letter in box) A
8. TYPE OF APPLICATION:	A. State B. County	H. Independent School Dist. I. State Institute Higher Learning
New Continuation X Revisi	On D. Township E. Interstate	J. Private University K. Indian Tribe L. Individual
If Revision, enter appropriate letter(s) in $box(es)$ :	F. Intermunicipal G. Special District	M. Profit Organization
A. Increase Award B. Decrease Award	9. NAME OF FEDERAL AGE	
C. Increase Duration D. Decrease Duration	U.S. Environmental	
Other (Specify)		
10.CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER   6   6   -   6   0   6	_	F APPLICANT'S PROJECT:
TITLE: Surveys, Studies, Investigations, and Special Purpose Grants	San Francisco Bay Re	Department of Energy at four sites within the gional Water Quality Control Board jurisdiction of DOE environmental restoration and compliance
12.AREAS AFFECTED BY PROJECT(cities, counties, states, San Francisco Bay Area	activities at the fa Lawrence Berkeley Na	cilities: Stanford Linear Accelerator Center, tional Laboratory, Lawrence Livermore National Site, and Sandia National Laboratory.
13. PROPOSED PROJECT 1	4 CONGRESSIONAL DISTRICT OF:	
	. Applicant	. b. Project
10/1/94 12/31/05	3	. California - All
ESTIMATED FUNDING		STATE EXECUTIVE ORDER 12372 PROCESS?
\$ 301,611.00	This Preapplication/Applicati Executive Order 12372 process	on was made available to the State for review on:
b. Applicant \$ .00	Date: Pebruary 10, 2003	
\$ .00 b. NO:	Program is not covered by	EO 12372.
\$ ,00 e. Other	Or program has not been s	elected by state for review.
\$ .00   17.15 TH	P. R.P.S. L.Charm. 12(1), PARALETTARING CAR. BARLO	
Income \$ .00	E APPLICANT DELINQUENT ON ANY	
\$ 301.611.00	Yes, attach an explanation.	r
18. TO THE HEST OF MY KNOWLEDGE AND BELIEF, ALL DATA DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNI ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED	NG BODY OF THE APPLICANT AND T	ATION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Typed Name of Authorized Representative	b. Title	c.Telephone Number
Celeste Cantú	Executive Director	(916) 341-5615
d. Signature of Authorized Representative		e. Date Signed
Previous Editions Not Usable	-	Standard Form 424 (Rev 7-97) Prescribed by OMB Circular A-012

<b>APPLICAT</b>	ION FOR
FEDERAL	ASSISTANCE

Authorized for Local Reproduction

APPLICATION FOR		1			
EDERAL ASSISTANCE				Applicant Identifier	
		2/8/03			
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Iden	tifler
Application	Preapplication	A DATE DESCRIPTION	CEDERAL ACENCY	Federal Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	rederal identifier	
Non-Construction	Non-Construction	<u> </u>			
. APPLICANT INFORMATION egal Name: North Coa	st Energy Serv	riaca Ina	Organizational Unit:		
egaritanic. NOTLII Coa	st thergy serv	rices, inc.			
Address (give city, county, State P. O. Box 413	, and zip code):		this application (give a	area code)	e contacted on matters involving
Ukiah, CA 95482			1	en, (707) 463	
D. Decrease Duration Other	7 2 8 0  w Continuation tter(s) in box(es)  crease Award C. Inc. (specify):	crease Duration	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District Non-Profit 9. NAME OF FEDER USDA Rura	J. Private University K. Indian Tribe L. Individual M. Profit Organizatio N. Other (Specify) Corporation RAL AGENCY: al Developmen	N Sol Dist.  Stitution of Higher Learning  Sol (c) 3 (CBO)
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T	TITLE OF APPLICANT	'S PROJECT:
		10-433	I.ake/Mei	ndocino Rehab	
	2		1 ·	nce - Project	E Marie Active Nat Present & Comment
TITLE:		- Ol-11- V	-	110,000	
12. AREAS AFFECTED BY P		es, States, etc.):			
Lake and Mendo					FEB 1 0 2003
State of Calif	14. CONGRESSION	AL DISTRICTS OF:			
13. PROPOSED PROJECT	14. CONGRESSION	AL DISTRICTS OF			~~~~~ ~! ~ * * * * * * * * * * * * * * *
Start Date	a. Applicant		b. Project		STATE OLEANING TO
15, ESTIMATED FUNDING:			16. IS APPLICATION	ON SUBJECT TO REV	IEW BY STATE EXECUTIVE
			ORDER 12372	PROCESS?	
a. Federal	\$ 100,000	.00	a, YES. THIS PF	REAPPLICATION/APPL	LICATION WAS MADE
b. Applicant	\$ 100,000	.00	1	BLE TO THE STATE E SS FOR REVIEW ON:	XECUTIVE ORDER 12372
c. State	\$	.00	DATE _	2/8/03	
d. Local	\$	. 60		>D 444 10 NOT 2017	EN DV E / 12272
e. Other	\$	00	OR PI	GRAM IS NOT COVER ROGRAM HAS NOT BI REVIEW	EEN SELECTED BY STATE
f, Program Income	\$	.00			
			17. IS THE APPLI	CANT DELINQUENT	ON ANY FEDERAL DEBT?
g. TOTAL	\$ 200,000	.00	Yes If "Ye	s," attach an explana	tion.
DOCUMENT HAS BEEN DO	ULY AUTHORIZED BY		L LICATION/PREAPPLI THE APPLICANT AN	D THE APPLICANT W	ILL COMPLY WITH THE
a. Type Name of Authorized		b. Title	li raata-	c. Telephone Nun	
Linda McQu		Executive D	rrector	(707) 46	<u>J-0303</u>
d. Signature of Authorized R	7/			e. Date Signed 2/8/03	
Day of dispulse in the start	yhun			Slanda	ard Form 424 (Rev. 7-97)

APPLICATION FOR				OMB Approv	al No. 0348-00
FEDERAL ASSISTA	NCE	2 DATE SUBMITTED		Applicant Identifier	
LEDEUAL VASISIA	: 10 h	02/10/0	03 🛴	ļ.	•
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier	:
Application	Preapplication		•		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				·
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		- <u> </u>
Placer County,	California			g Department	
Address (give city, county, State,				number of person to be contacted on	mattera involvir
11414 B Avenue		- ng 12	this application (give a		Í
Auburn CA 9560	3 5	GEIVE	toren C	lark (530)886-300	0
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	-	7 TYPE OF APPLICA	ANT; (enter appropriate letter in box)	
	527 [0]	ren 10 2003		[	В
	131211	FEB 10 2003	A State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County C. Municipal	State Controlled Institution of High     J. Private University	er ceaming
∑ New	Continuation	EG EARING H	OD Township	K. Indian Tribe	
If Revision, enter appropriate lette	erial in boxies) CTAT	FIGLEAKING!	E. Interstate	L. Individual	
in riducação, dinor appropriato ser	0101	<u></u>	F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):				
			9. NAME OF FEDERA		Acancu
			Environ	mental Protection.	Agency
					<u>;</u>
10. CATALOG OF FEDERAL DO			-,	TLE OF APPLICANT'S PROJECT:	Ì
		6 6 — 4 6 1	- Placer	County Vernal Pool	
TITLE: Wetland	ds Program		Ecosys	stem Assessment	) (
12. AREAS AFFECTED BY PRO	MECT (Cities, Countles, Stat	es, etc.):			
		•	•		
Place	r County				<u> </u>
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
1/1/04 12/31/04	4		3	and 4	
15. ESTIMATED FUNDING:			18. IS APPLICATION	SUBJECT TO REVIEW BY STATE E	XECUTIVE
<u> </u>		-	ORDER 12372 PR	OCESS?	1
a. Federal	125,000	,6C	\	DELICATION LA TION MAG AL	ADE
		∞		PPLICATION/APPLICATION WAS M/ TO THE STATE EXECUTIVE ORDER	
b. Applicant	\$ 31,250	•		OR REVIEW ON:	,,23,,2
c. State	\$	, <del>x</del>	1100000		1
s. sidle	•	· [	DATE	2/10/03	\ - 1
d. Local	\$	<b>∞</b>	_		P 1 1
	· · · · · · · · · · · · · · · · · · ·	·		M IS NOT COVERED BY E. O. 12372	
e. Other	\$	<b>,</b>		RAM HAS NOT BEEN SELECTED BY	Y STATE
		30	FOR REVI	EAA	(
f, Program Income	\$	, . [	17 IS THE ADDITION	T DELINQUENT ON ANY FEDERAL	DEBT2
g. TOTAL	\$	- ∞		i i	;
g. IOIAL	156,250	·	Yes M"Yes," I	ttach an explanation.	[∄ No
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TONPREAPPLICAT	ION ARE TRUE AND CORRECT, TH	E
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF THE	APPLICANT AND TH	E APPLICANT WILL COMPLY WITH	THE
ATTACHED ASSURANCES IF T				7.1.4.4.2.2.1	
a. Type Name of Authorized Repr Fred Yeager	esentative	Director C	f Planning	c. Telephone Number (530) 886-3000	` :
				e. Date Signed	
d. Signature of Authorized	of Jeans		•	2-10-43	1
Previous Edition Usable	11.0			Standard Form 424 (Rev. 7	* :
Authorized for Local Reproduction				Prescribed by OMB Circular	r A-102

PLICATION FOR				Applicant identifier		
EDERAL ASSISTANCE		2. DATE SUBMITTED				
·		December 1				
.YPE of Bubmission:	1	3. DATE RECEIVED BY	STATE	State Application Identilier		
\pplkmtion	Proapplication	A DATE RECEIVED BY FEDERAL AGENCY		Federal identifier		
∠ Construction	Construction	A DATE RECEIVED BY	FEDERAL AGENCY	1-ccarat taanuter		
Non-Construction	Non-Construction					
APPLICANT INFORMATION			Organizational Unit:			
jul Name:	Californ	sin Limited Otehn	Organizationa one.			
Oroville Manor Mana	igement, a Calilon	ila Lillineu r Birp.	News	number of person to be combate	ed on mutters invotes	
trush (give oily, county, State.			this application (give a	rous rada)		
321 Walnut Avenue	)		and application (Byes a	, pe (		
armichael, CA 9560			Joseph Moha	med, Jr. (916) 485-7	368	
MPLOYER IDENTIFICATIO			7. TYPE OF APPLIC	UNT: (enler appropriele lelter in	bax)	
EMPLOTER IDENTIFICATIO	R HOMBER (EIN).				N	
17 3 16 3 2	1010141		A. Stale	H. Independent School Dist	*	
TYPE OF APPLICATIONS			B. County	I, State Controlled Institution of	Higher Leanner	
	w Continuation	Revision	C, Municipal	J. Privale University		
Nev	w Continuation	☐ MEAISIDII	D. Township	K. Indian Tribe		
evision, enter appropriate let	evision, actor appropriate letter(s) in box(cs)			L individual		
• • • •		1 1	F. intermunicipal	M, Profit Organization	January 1000	
Increase Award B. Dec	crease Award C. Increas	se Duration	G. Special District	N. Other (Spacify)	<u>/enture</u>	
i. Decrasse Duration Other	(spacify):					
			g. Name of Feder	AL AGENCY:		
			USDA Rural De	/elopment		
CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	(UMBER:	11. DESCRIPTIVE T	TLE OF APPLICANT'S PROJE	CT:	
	•		Oroville Manor	<ul> <li>Multifamily, Senior</li> </ul>	rs	
		[ <b>L</b>	2750 Lincoln St.			
T(T).E:			Oroville, CA 959		80	
areas affected by Pr	OJECT (Cities, Counties, S	lates, etc ):				
Dreville, Butte County, C	alifornia					
<del>-</del>						
Froposed Project	14. CONGRESSIONAL D	IISTRICTS OF:				
			In Project			
SeatOtile Ending Data	a. Applicant	ict # 5	b. Projuct	District #2		
		ict # 5		District # 2	ATE EXECUTIVE	
EXTIMATED FUNDING:		ict # 5	16.15 APPLICATION	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE	
ESTIMATED FUNDING:	Distri	ict # 5		SUBJECT TO REVIEW BY ST	ATE EXECUTIVE	
			16. IS APPLICATION ORDER 12372 P	4 SUBJECT TO REVIEW BY ST ROCESS?		
ESTIMATED FUNDING:	Distri		16. IS APPLICATION ORDER 12372 P	A SUBJECT TO REVIEW BY ST ROCESS? APPLICATION/APPLICATION V	VAS MADE	
ESTIMATED FUNDING:	Distri	on	16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE	E TO THE STATE EXECUTIVE	VAS MADE	
ESTIMATED FUNDING:  defend  pplicant	Distri	on	16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE	A SUBJECT TO REVIEW BY ST ROCESS? APPLICATION/APPLICATION V	VAS MADE	
ESTIMATED FUNDING:	Distri	an as	16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE	E TO THE STATE EXECUTIVE	VAS MADE	
ESTIMATED FUNDING:  defend  pplicant	Distri	an as	16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS DATE	A SUBJECT TO REVIEW BY ST ROCESS? APPLICATION/APPLICATION V E TO THE STATE EXECUTIVE S FOR REVIEW ON:	NAS MADE ORDER 12372	
ESTIMATED FUNDING:  edenal  \pplicant  bute	S 3 3		16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS  DATE  b. No. II PROGRE	A SUBJECT TO REVIEW BY ST ROCESS?  APPLICATION/APPLICATION V.E TO THE STATE EXECUTIVE S FOR REVIEW ON:	NAS MADE ORDER 12372 D. 12372	
ederal  Applicant  State	S 3 3	on	16. 19 APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS  DATE  b. No.   PROGE	A SUBJECT TO REVIEW BY ST ROCESS?  APPLICATION/APPLICATION V.E TO THE STATE EXECUTIVE B FOR REVIEW ON:  CAM IS NOT COVERED BY E. CO DORAM HAS NOT BEEN SELEC	NAS MADE ORDER 12372 D. 12372	
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edenal  Applicant  State  Total	Distri		16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS  DATE  b. No.   PROGE COR PRO FOR RE	A SUBJECT TO REVIEW BY ST ROCESS?  APPLICATION/APPLICATION N E TO THE STATE EXECUTIVE S FOR REVIEW ON:  WAM IS NOT COVERED BY E. CO GRAM HAS NOT BEEN SELECTIVE	NAS MADE ORDER 12372 ), 12372 STED BY STATE	
edenal  State  Trogram Income	Distri	. on	16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS  DATE  b. No.   PROGE COR PRO FOR RE	A SUBJECT TO REVIEW BY ST ROCESS?  APPLICATION/APPLICATION V.E TO THE STATE EXECUTIVE B FOR REVIEW ON:  CAM IS NOT COVERED BY E. CO DORAM HAS NOT BEEN SELEC	NAS MADE ORDER 123/2 0, 12372 DTED BY STATE	
ESTIMATED FUNDING:  edenal  opplicant  bute  natil	Distri	. on	16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS  DATE  D. No.   PROGE FOR RE	A SUBJECT TO REVIEW BY ST ROCESS?  APPLICATION/APPLICATION N E TO THE STATE EXECUTIVE S FOR REVIEW ON:  WAM IS NOT COVERED BY E. CO GRAM HAS NOT BEEN SELECTIVE	NAS MADE ORDER 123/2 ), 12372 :TED BY STATE	
edenal  Suite  India	S	. on	16. IB APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS  DATE  D. No.   PROGE OR PRO FOR RE  17. IS THE APPLICATION Yes If "Yes,"	A SUBJECT TO REVIEW BY ST ROCESS?  APPLICATIONAPPLICATION NOTES TO THE STATE EXECUTIVE S FOR REVIEW ON:  WAM IS NOT COVERED BY E. CORAM HAS NOT BEEN SELECTIVEW  WITH DELINQUENT ON ANY FE	NAS MADE ORDER 123/2  0. 12372 ETED BY STATE DERAL DEHT?	
edenal  Verificant  State  India  Program Income  COTAL  TO THE BEST OF MY KNO	District S  S  S  S  S  DWLEDGE AND BELIEF. A	. So	16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS  DATE OR PROCESS  17. IS THE APPLICATION OF THE APPLICATIO	A SUBJECT TO REVIEW BY ST ROCESS?  APPLICATIONAPPLICATION NOTES TO THE STATE EXECUTIVE SET THE STATE EXECUTIVE SET OF REVIEW ON:  WANTIE NOT COVERED BY E. CORRAM HAS NOT BEEN SELECTIVEW  ANT DELINQUENT ON ANY FE STEED BY EXPLINATION.  THOM ARE TRUE AND CORRE	NAS MADE ORDER 123/1  0. 12377 0.1260 BY STATE DERAL DEBTY NO	
ESTIMATED FUNDING:  ederal  Applicant  State  notel  frogram income  frogram income  fortal.  TO THE BEST OF MY KNO	District  S  S  S  S  S  S  WLEDGE AND BELIEF, A  Y AUTHORIZED BY THE G	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS  DATE OR PROCESS  17. IS THE APPLICATION OF THE APPLICATIO	A SUBJECT TO REVIEW BY ST ROCESS?  APPLICATIONAPPLICATION NOTES TO THE STATE EXECUTIVE S FOR REVIEW ON:  WAM IS NOT COVERED BY E. CORAM HAS NOT BEEN SELECTIVEW  WITH DELINQUENT ON ANY FE	NAS MADE ORDER 123/1  0. 12377 0.1260 BY STATE DERAL DEBTY NO	
ESTIMATED FUNDING:  Tederal  Verificant  State  India  To the Best of My KNC  COUMENT HAS BEEN DUL  ITACHED ASSURANCES II	District  S  S  S  S  WLEDGE AND BELIEF, A  Y AUTHORIZED BY THE G  F THE ASSISTANCE IS AW	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	16. IS APPLICATION ORDER 12372 P  a. YES. THIS PRE AVAILABLE PROCESS  DATE OR PROCESS  17. IS THE APPLICATION OF THE APPLICATIO	A SUBJECT TO REVIEW BY ST ROCESS?  APPLICATION/APPLICATION V.E. TO THE STATE EXECUTIVE SFOR REVIEW ON:  CAM IS NOT COVERED BY E. C. CORAM HAS NOT BEEN SELECTIVEW  ANT DELINQUENT ON ANY FE  Caltach on explanation.  ATION ARE TRUE AND CORRECTED APPLICANT WILL COMPL  LC. Teleonome Number	NAS MADE ORDER 123/1  0. 12377 0.1260 BY STATE DERAL DEBTY NO	
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## APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE February 3, 2003 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Construction Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name Organizational Unit: Self-Help Enteprises Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving this application (give area code) PO Box 6520 Karen Sauceda, 559-651-1000, Ext. 657 Visalia CA 93290 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) N 9 4 - 1 5 9 2 6 7 6 A State H. Independent School Dist. 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning B. County J. Private University C. Municipal Revision Continuation **✓** New K. Indian Tribe D. Township If Revision, enter appropriate letter(s) in box(es) Individual E. Interstate M. Profit Organization F. Intermunicipal N. Other (Specify) Private Nonprofit A. Increase Award B. Decrease Award C. Increase Duration G. Special District D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: **USDA Rural Development** 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 4 3 3 1 0 The preservation of housing for very low income households by providing grants to repair homes and bring TITLE: Housing Preservation Grant them up to RHS Thermal Standards. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated communities in Kings, Merced and Tulare Counties. 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT **FEB** 6 2003 Start Date Ending Date b. Project a. Applicant 7/1/03 6/30/04 21 18, 20, 21 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVES ORDER 12372 PROCESS? a. Federal q. 80,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE b. Applicant \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ 02/03/03 320,000 DATE d. Local g, b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. **✓** No 400,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative c. Telephone Number Peter N. Carey (559) 651-1000 **Executive Director** d. Signature of Authorized Representative e. Date Signed

7.3.7003

APPLICATION FOR					UMB Approval No. 0348-004
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Ident	ifier
1. TYPE OF SUBMISSION:	_	3. DATE RECEIVED BY	STATE	State Application	on Identifier
Application V Construction	Preapplication  Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	/ Federal Identifi	er e
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION	<u> </u>				
Legal Name: Likely Vol. Fire	e Protection	District	Organizational Unit:	epartu	neut
Address (give city, county, State,	and zip code):		Name and telephone this application (give		n to be contacted on matters involvin
Box 515 Likely	, Modoc, Co	a. 96116	Dewayne	Matthe	ws 530-230-200
6. EMPLOYER IDENTIFICATION	NUMBER (ÈIN):		7. TYPE OF APPLIC	CANT: (enter appr	ropriate letter in box)
			A. State	H. Independen	t School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Control	lled Institution of Higher Learning
New	Continuation	Revision	C. Municipal	J. Private Unive	
<u> </u>		}	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual  M. Profit Organ	nization
A. Increase Award B. Deci	rease Award C. Increase	- Duration	G. Special District		
D. Decrease Duration Other/s					
•			9. NAME OF FEDE	RAL AGENCY:	
			USDA	Rurat L	evelopment ANTS PROJECT:
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE	TITLE OF APPLIC	ANT'S PROJECT:
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	Ę		d 0	aca al	Water Tender
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	14. CONGRESSIONAL DI		1		FEB 6 2003
13. PROPOSÉD PROJECT	14. CONGRESSIONAL DI	JINICIS OF.			W ZUUJ
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			ORDER 12372 I	PROCESS?	
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d. Local	\$	, GB	b. No. PROG	NOO TON SI MAR	ERED BY E. O. 12372
e. Other	\$	.00	☐ OR PROFICE		F BEEN SELECTED BY STATE
f. Program Income	\$	.00	17. IS THE APPLIC	ANT DELINQUEN	IT ON ANY FEDERAL DEBT?
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ATTACHED ASSURANCES IF					
a. Type Name of Authorized Repr	esentative	b Title	ياسي ا	c. Telephone N	lumber
Dewayne Matt		Fire CI	niet		<u> 33-2010                                    </u>
d. Signature of Authorized) Repres	sentative			e. Date Signed	•

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APPLICATION FOR	FEDERAL ASSISTA	NCE	1. TYPE OF SUBMISSION FEB - 6	2003	
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS);	3. DATE RECEIVED BY STATE:		STATE APPLICATION DENTITIES STATE CLEARING	NG H	
01/28/03 2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:	water by water property	
035R029600	01/28/03			·····	
5. APPLICATION INFORMATION					
LEGAL NAME: VOLUNTEER CTR OF KERN	√ COUN <b>T</b> Y	NAME AND CO PERSON TO BE area codes):	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (5' area codes):  NAME: Mcodow G. Piepho  TELEPHONE NUMBER: 661-397-9787  FAX NUMBER: 661397-6804  INTERNET E-MAIL ADDRESS: rsvpbak@yaboo.com		
ADDRESS (give street address, city, state 405 S Chaster Ave Bakansäeld CA 933()4	end zip code).	TELEPHONE N			
6. EMPLOYER IDENTIFICATION NUMBER 952676423	(EIN):	7. TYPE OF API 7a. Non-Profit			
REVISION  If Revision, enter appropriate letter(s) in box  A Increase Award  B. Decrease Award					
D. Decresse Duration		1 ' '	DERAL AGENCY: tion for National and Community 8	Servi	
10e. CATALOG OF FEDERAL DOMESTIC A 10b. TITLE: Retired and Senior Volunteer P			VE TITLE OF APPLICANT'S PROJECT: ERN COUNTY	.=	
12. AREAS AFFECTED BY PROJECT (Ust ALL OF KERN COUNTY—Bakersfield (prin Arvin/Lamont, Buttonwillow, Delano/McFe		vax			
	04/01/03 END DATE: 03/31/06	14, PERFORMAI	NCE PERIOD: START DATE: END DATE:		
13. PROPOSED PROJECT: START DATE:		t t			
13. PROPOSED PROJECT: START DATE:	the second the second s		TION SUBJECT TO REVIEW BY STATE EXECUTIVE	······································	
15. ESTIMATED FUNDING: a. FEDERAL	\$ 54,794.00	OROER 12372 P	PROCESS? PREAPPLICATION/APPLICATION WAS MADE AVAILAE	ere	
15. ESTIMATED FUNDING:	\$ 54,794.00 \$ 26,029.00 \$ 0,00	OROER 12372 P  X YES, THIS TO TH REVIE	PROCESS?	ere	
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OMB Approval No. 0348-0043

APPLICATION FOR				O(ND App	11070111010010010
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED February	5, 2003	Applicant identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	-
5. APPLICANT INFORMATION					
Legal Name: University of Souther			Organizational Unit: Institute for Ci		
Address (give city, county, State,	and zip coda)	a	trame and telephone i	number of person to be contacted	i on matters involving
Los Angeles, CA 900	089 Los Angeles d	Gunty (IVE	this application (give a Dr. Tridib Ban (213) 740-472	ierjee	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EM)	rn E MM	TYPE OF APPLICA	NT: (enter appropriate letter in b	ox)
9 5 - 1 6 4 2	~	EB - 5 2003	A, State	H. Independent School Diet.	J
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	Higher Learning
Nev	Contigualist (	CLEARING-HOU	SE Municipal	J. Private University	
If Do July and a company of the		] [""]	E. Interstate	K. Indian Tribe L. Individual	
If Revision, enter appropriate lett	er(s) in pox(es)		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Incress	a Duration	G. Special District	N. Other (Specify)	
	spacify):				
			9. NAME OF FEDER	AL AGENCY:	
			U.S. Department	t of Commerce, Economic	Development A
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBER:	11, DESCRIPTIVE TI	TLE OF APPLICANT'S PROJEC	T:
	,	1 1 — 3 0 3	University Cente	r Program for Economic D	evelopment
		المستسلم السياسيس	Gillioniany Garico	, . ,	
TITLE: Economic D	evelopTechnical Ass	istance	-		
12. AREAS AFFECTED BY PROSAL LINES Imperial, Inyo, Kern, Los	DUECTICIOS, COUNTOS, SIE	venion			
Imperial, Inyo, Kern, Los	Angeles, Mono, Orang	18 Riverende, John	Derivation,		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date	a. Applicant		b, Project		
5/1/03 4/30/04	Distric	ct 32		Districts 20-52	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STA	ATE EXECUTIVE
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4. [646:0]	4	110,000	a. YES. THIS PRE	APPLICATION/APPLICATION W	AS MADE
b. Applicant	\$	(60	1	E TO THE STATE EXECUTIVE (	ORDER 12372
		120,216	PROCESS	FOR REVIEW ON:	
c, State	\$	. 94 .	DATE	02/05/03	
d. Local	\$	Óθ	b. No. 🛘 PROGR	AM IS NOT COVERED BY E. O.	12372
e. Olher	\$	,ao	☐ OR PRO FOR RE	GRAM HAS NOT BEEN SELECT VIEW	red by state
f. Program Income	\$	ņā	17. IS THE APPLICA	NT DELINQUENT ON ANY FED	ERAL DEBT?
g. TOTAL	\$	230,216	7 `	uttach an explanation.	☑ No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L' DATA IN THIS APPLIC	CATION/PREAPPLICA	TION ARE TRUE AND CORREC	T, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	OVERNING BODY OF TH	IE APPLICANT AND T	HE APPLICANT WILL COMPLY	WITH THE
ATTACHED ASSURANCES IF					A property of the second of th
a. Type Name of Authorized Rei		b. Title	& Grant Admii	р. Тејерћоле Number (213) 740 <b>-77</b> 62	
George-Ann Cloar	Y A A	isr. Contract	& Grant Admil	e. Date Signed	
d. Signature of Authorized Repri	MI WINIL	1_		2/5/2003	
Previous Edition Usable				Syandaro Form 424	(Rev. 7-97)
Authorized for Local Deproducti	on <i>()</i>			Prescribed by OMB	Circular A-102

OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier **APPLICATION FOR** January 30, 2003 CMA 01-1 FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE State Applicant Identifier Application Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction NPIAS 3-06-0339-20 Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: of Ventura Department of Airports Count Name and telephone number of the person to be contacted on matters involving this application Address (give city, county, state, and zip FFR - 5Department of Airports Scott E. Smith 555 Airport Way, Suite B (805) 388-4200 Camarillo, CA 93010 6. EMPLOYER IDENTIFICATION NUMBER (EIN) TYPE OF APPLICANT: (enter appropriate letter in box) В 5 9 State H. Independent School Dist. R County State Controlled Institution of Higher Learning Private University 8. TYPE OF APPLICATION: C. Municipal Indian Tribe Township D. Interstate Individual ⊠ New ☐ Continuation Revision M. Profit Organization F. Intermunicipal Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): B. Decrease Award C. Increase Duration A. Increase Award 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): Federal Aviation Administration Western Pacific Region 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 2 0 6 0 ASSISTANCE NUMBER: Airport Drainage Improvements (Lift Station/Detention Basin) Rehabilitate pavement surface RW 8-26 (including 1,000 RSAs) Rehabilitate AC Apron (Phase 2) TITLE: Airport Improvement Program Taxiway Edge Lighting Upgrade (change stake mount to can mount) 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Rehabilitation of PCC Aprons & Taxiways (Phase 3) Security Improvements-Gate, Access Control upgrade Ventura County 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 24 23 and 24 May 2005 September 2003 15. ESTIMATED FUNDING: 16. IS SPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal 1,437,500.00 \$ STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant 159,722.00 5 DATE c. State b. NO. PROGRAM IS NOT COVERED BY E.O. .00 12372 d. Local 00 \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other .00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program Income \$ OΩ ⊠ No g. TOTAL ☐ Yes If "Yes," attach an explanation. 1,597,222.00 \$ 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number b. Title a. Typed Name of Authorized Representative Scott E. Smith Director of Airports (805) 388-4200 e. Date Signed d. Signature of Authorized Representative January 30, 2003

Previous Editions Not Usable

OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMETTED Applicant Identifier Janurary 29, 2002 OXR 02-1 FEDERAL ASSISTANCE 1. TYPE OF SUBMISSION 3. DATE RECEIVED BY STATE State Applicant Identifier Preapplication Application 4. DATE RECEIVED BY FEDERAL AGENCY Construction Construction Federal Identifier NPIAS 3-06-0179-22 Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: County of Ventura Department of Airports Address (give city, county, state, and zip code): Name and telephone number of the person to be contacted on matters involving this application (give area code) Department of Airports Scott E. Smith 555 Airport Way (805) 388-4200 Camarillo, CA 93010 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) В 9 5 6 0 0 0 State H. Independent School Dist. State Controlled Institution of Higher Learning R County 8. TYPE OF APPLICATION: C. Municipal Private University Indian Tribe D. Township Individual ⊠ New Interstate Continuation ☐ Revision Intermunicipal M. Profit Organization G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): 8. Decrease Award A. Increase Award C. Increase Duration 9 NAME OF FEDERAL AGENCY: Other (specify): D. Decrease Duration Federal Aviation Administration Western Pacific Region 10. CATALOG OF FEDERAL DOMESTIC 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2 0 O 6 ASSISTANCE NUMBER: Rehabilitate Airport Pavement Including Drainage North Side OFA Property Acquisition (Approx, 27.8 acres) Security Improvements - Gate, Access Control upgrades TITLE: Airport Improvement Program Replace ARFF Vehicle 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Ventura County 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: Start Date **Ending Date** a. Applicant b. Project 19 and 21 21 July 2003 September 2004 15. ESTIMATED FUNDING: 16. IS SPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal \$ 1.000.000.00 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant 111.111.00 \$ DATE December 19, 2002 c. State .00 b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 d. Local .00 4 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW e. Other .00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DERT? f. Program Income nn g. TOTAL X No Yes If "Yes," attach an explanation. 1,111,111.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

> e. Date Signed January 29, 2003

Director of Airports

a. Typed Name of Authorized Representative

d. Signature of Authorized Representative

Scott E. Smith

cost E. Small

c. Telephone number

(805) 388-4200

	P	ART I - FA	CE SHEET		E G E J V E	
APPLICATION FOR F	EDERAL	ASSISTAN	1. TYPE OF SU	[ [ [ ] ]	CED 4 2003	
24. DATE SUBMITTED TO CORPORATION  5. DATE RECEIVED BY STATE:  5. DATE RECEIVED BY STATE:  5. DATE RECEIVED BY STATE:			STATE APPLIC	ATION IDENTIFIER:	TE CLEARING HOUS	
02/03/03 b. APPLICATION ID:	4, DATE RECEIV	∕ED:	GRANT NUMB	GRANT NUMBER:		
03SR029756	02/03/03					
APPLICATION INFORMATION						
EGAL NAME: CITY OF SAN JOSE, PRNS			NAME AND CONTACT INFORM PERSON TO BE CONTACTED O BYOM CODES):	ATION FOR PROJECT IN MATTERS INVOLV	T DIRECTOR OR OTHER ING THIS APPLICATION (9/14)	
ADDRESS (pive street address, chy, atale a	ind tip code):		NAME: Alan F. Briscoe TELEPHONE NUMBER: 408-277	1.479B		
1190 S Bascom Ave			FAX.NUMBER: 408-297-6123	-1,50		
#220			INTERNET E-MAIL ADDRESS: 1	au en je lo Socoeind nel		
San Jose CA 95128			7. TYPE OF APPLICANT:			
G. EMPLOYER IDENTIFICATION NUMBER	(BN):		7a. Local Government - Municipal			
946000419			70. Local Government, Municipal			
8. TYPE OF APPLICATION:						
	NOITAUNT	33.7				
REVISION  If Revision, enter appropriate letter(a) in box	((es):					
A. Increase Award B. Decrease Award D. Decrease Duration	and C. Increase	e Duration	9, NAME OF FEDERAL AGENC Corporation for N	ex. lational and C	community Service	
			11. DESCRIPTIVE TITLE OF AF			
10aL CATALOG OF FEDERAL DOMESTIC	assistance numbe			I LIONALI GILILLE		
10b, TITLE: Retired and Senior Volunteer I		ER: 94.002	RSVP Greater San Jose			
	Ргодгагл					
10b. TITLE: Retired and Senior Volunteer if 12. AREAS AFFECTED BY PROJECT (Us: Sm. lose, Santa Chra, Campbell, Santoga, I. Cupertino, Milipias	Program Cities, Counties, Sta	uss, e(c):	RSVP Greater San Jose			
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12. AREAS AFFECTED BY PROJECT (Us. Sm. lose, Santa Ciera, Campbell, Saratoga, L Cupertino, Milipines	Program  Cities, Counties, State  os Gatos, Mobile Setting	utas, etc): o, Sunnyvale.	RSVP Greater San Jose  14. PERFORMANCE PERIOD:  16. IS APPLICATION SUBJECT	·······		
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The Regents of the	University of Ca	lifornia	FIWEL	CE-CERT		
Address (give city, cour	ty state, and zip coo	(e)		Name and telephone	number of the person to	be contacted on matters
University of California	mia Riverside	·		involving this applica	tion (give area code)	1 . 3 . 1 0 1
			a one H	Administrative Co	- I I I I I I I I I I I I I I I I I I I	echnical Contact
Office of Research Affairs 200 University Office Building				Linda L. Bryant	, Da	avid R. Cocker III
				909-787-5535	9	09-781-5695
Riverside, CA 925	21				CANT: (enter appropriat	e letter in box)
6. EMPLOYER DENT	FICATION NUMBER	(EIN)	ENDING HOUS	TYPE OF APPLIC	WIAIT (GIITE) SANACHISON	B letter in EGA/
	600	6 1	4 2	A. State	H. Independent Sch	rool Dist.
9 5 .	_   6   0   0 <u> </u>	<b>V</b>   1		B. County	<ol> <li>State Controlled</li> </ol>	Institution of Higher Learning
لــــا	<u> </u>		<del></del>	C. Municipal	<ol> <li>J. Private Universit</li> </ol>	y -
8. TYPE OF APPLICA	TION-			D. Township	K. Indian Tribe	ļ
B. THE OF APPLICA	I ION.			E. Interstate	L Individual	
⊠ı	New Continu	ation	Revision	F. Intermunicipal		ion
If Revision, enter appro		es/es)	7	G. Special Distric	1 N. Other (Specify):	
A. increase Award		Award C	Increase	9. NAME OF FEDE	RAL AGENCY:	
A, increase Award Duration	B. Decidase	rivale e	,	-	al Protection Agency	
Duration Decrease Durat	ion Other (specif	v):		Environment	i Piolecion Agenc	
D. Decidas Daie	Oction (open)	,,,				
10. CATALOG OF FEDER	AL DOMESTIC	6 6	500	11, DESCRIPTIVE	TITLE OF APPLICANT'S	PROJECT:
ASSISTANCE NUMBI		*   *				
		Lk		Characterizatio	n and Photochemi	Ical Aging of Primary
TITLE: 2093-ST	AR-C1, Measur	ement, r	nodeling, and	Diesel Exhaust	Pasticulata	
analysis methods	for airborne ca	rbonace	ous fine	Diesel Expansi	Particulate	
particulate matter						
12. AREAS AFFECTE	D DV DDA IECT (ait	ion counti	et states etc.)			
12. AREAS AFFECTE	D BY PROJECT (GI	ios, countri	po, amino, cim.)			
011.11.00						
All USA	·FOT	14 CON	GRESSIONAL DISTR	ICTS OF:		
13. PROPOSED PRO		a. Applica			b. Project	
Start Date	Ending Date				CA 44	-
	7/30/06	CA 44	4C IC ADDI ICATION	CHETECT TO REVI	EW BY STATE EXECUT	TIVE ORDER 12372 PROCESS?
15. ESTIMATED FUND	DING:		16. IS APPLICATION	DOBSECT TO NEVI	DDI ICATION WAS MA	DE AVAILABLE TO THE
a. Federal	\$449,073.	-	a. YES) THIS	FREAFFLICATION/	ER 12372 PROCESS F	OR REVIEW ON:
<u> </u>			SIA	E EXECUTIVE ON	LIC IZO, Z,	
b. Applicant	\$		5.4	E 2/4/03		
			DATI			
c. State	\$	1		SANALO MOTODI	COED BY E 0 12372	
"			b. NO. PRO	DENAMING NOT COA	ERED BY E.O. 12372	
d. Local	\$					CTATE EOD DEVIEW
U. E. W.	Ψ		OR	PROGRAM HAS NO	BEEN SETECIED BY	STATE FOR REVIEW
e. Other	\$					
e. Calci	Ψ					
f. Program Income	\$		17. IS THE APPLIC	ANT DELINQUENT C	N ANY FEDERAL DEB	17
i, Piogram moonio	4					
TOTAL	\$449,073		Yes If "Y	'es," attach an explan	ation.	( No )
g. TOTAL						
48 TO THE BEST ACLIVED	OWI FORE AND SELIEF	ALL DATA IN	THIS APPLICATION/PREAP	PLICATION ARE TRUE AND	CORRECT THE DOCUMENT H D ASSURANCES IF THE ASSIS	IAS BEEN DULY
AUTHORIZED BY THE GOV	ERNING BODY OF THE AF	PLICANT ANI	THE APPLICANT WILL CO	MELY WITH THE ATTACHE	D ASSURANCES IF THE ASSIS	c. Telephone number
a. Typed Name of Au	thorized Representat	dve	Filling P. Million	in troot 8 Cront And	lvet	(909) 787-5535
	•		Ruudibar Cou	tract & Grant Ana	nyor .	(500) (5, 550)
d. Signature of Autho	dred Penrocentative				-	e. Date Signed
d. Signature of Autho	Tren Lehieseitmine		£			
1 3 /	U T	$\overline{}$	Jan Same	49-1		17/4/62
1 MINAL.	~~ !·	$\prec$ $\wedge$	The same of the sa			15///53
Previous Editions Not	Ueable -				1	Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

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APPLICATION FOR FEDERAL ASSISTA	NCE 2	. DATE SUBMITTED		Applicant Identifier	
1.TYPE OF SUBMISSION:	3	DATE RECEIVED BY	STATE	State Application Identifier	
Application Pr	eapplication				
Construction	Construction 4.	DATE RECEIVED BY	FEDERAL AGEN	Y Federal Identifier	
Non-Construction X	7				
5. APPLICANT INFORM					
	Action Agency	of Inc.	Organizati	onal Unit:	
Address (give city, county, state	e, and zip code):				be contacted on matters involving
930 Brittan Ave	7110			ation (give area code)	_
San Carlos, CA				iam F. Parker 595-1342	
6. EMPLOYER IDENTIFICATION	(EIN):		7. TYPE O	F APPLICANT: (enter appropria	te letter in box)
9 4 - 2 4	7 5 7	2 8	A. State	H. Independer	nt School Dist.
8. TYPE OF APPLICATION:			B. Cour	cipal J. Private Un	olled Institution of Higher Learning iversity
	lew X Continu	uation Revision	D. Town E. Inter	iship K. Indian Tribe	
	<u></u>		F. Interr	nunicipal M. Profit Orga ial District N. Other (Spec	inization city) Community Action
If Revision, enter appropriate le	iter(s) in		o. opau	an District III, Other Jopes	Agency
		_			Ų ,
1	3. Decrease Award ( Other (specify):	c. Increase Duration			
ar socious building	and (speeny).				
			1	F FEDERAL AGENCY:	_
			- USDA	, Rural Housing S	ervices
10. CATALOG OF FEDERAL DO	MEETIC ACCIOTANCE	H.HADEO	11 DESCE	RIPTIVE TITLE OF APPLICANT'S	20001507
10. GATALOG OF PEDERAL BO	MIESTIC ASSISTANCE P	IUMBEK;			
				vation projects f	
TITLE:	1 0	1 4 4	1		al Coastside areas
12. AREAS AFFECTED BY PRO	JECT /Cities, Counties,	States, etc.)	of Sa	an Mateo County.	The same of the sa
Coastside, San l					HEGEIVE FEB 3 2003
13. PROPOSED PROJE	CT 14 CONGRES	SIONAL DISTRIC	TTS OF:		FEB 3 2003
Start Date   Ending Date	a. Applicant	OIOITAL DIOTAL		roject	j "M
9/1/03 9/30/04	4 12, 14			12, 14	ISTATE CLEADING IS
	ESTIMATED FUNI	DING	16. I		REVIEW BY STATE EXECUTIVE
a. Federal	\$ 100,000		.00	ORDER 12372 PROCESS?	The St. Steph land grave and and
	7 100,000			a. YES. THIS PREAPPLICATION	- · · · · · · · · · · · · · · · · · · ·
b. Applicant	\$		.00	12372 PROCESS FOR	STATE EXECUTIVE ORDER R REVIEW ON:
c. State	\$ "		.00	DATE 1/30/	03
d. Local	\$		.00	b. NO PROGRAM IS NO	OT COVERED BY E.O. 12372
e. Other	\$ 100,000		.00		AS NOT BEEN SELECTED BY
f. Program Income	\$		.00 17.1	S THE APPLICANT DELINQUEN	
g. <b>Total</b>	\$ 200,000		0.00	YES (Attach explanation)	X NO
18. TO THE BEST OF M CORRECT, THE DOCUM APPLICANT WILL COMP	Y KNOWLEDGE A	ND BELIEF, ALL	ZED BY THE (	GOVERNING BODY OF	PLICATION ARE TRUE AND THE APPLICANT AND THE DED.
a.Type Name of Authorized Repr	esentative	b. Title	<del> </del>		c. Telephone Number
William F. Parke	er		Executive	Director	650-595-1342
d Signature of Authorized Repres		/		· · · · · · · · · · · · · · · · · · ·	e. Date Signed
Illelan 7	+ Tarley	De la companya dela companya dela companya dela companya de la com			1/28/03
Provious Edition Heable	The state of the s	~ ~ ~ · · · · · · · · · · · · · · · · ·			

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STANDARD FORM 424 (REV. 4-92) Prescribed by OMB Circular A-102

PPLICATION FO	OR	2. DATE SUBMITTED	/03	Applicant lo er	
EDERAL ASSIS	TANCE	3. DATE RECEIVED BY	STATE	State Applicant Identifier	· ·
Application Construction Non-Construction	Preapplication ☐ Construction  X Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 07-06-03158-02	
APPLICANT INFORMATIC			121-21		
egal Name: The CSU,	Chico Research Found	dation	Organizational Unit	e number of person to be contacted or	matters involving this
ddress (give city, county, st.  Kendall Hall, Room	ate, and zip code):		Name and telephon application (give all Technical:	Pan Ripke (530) 898-4598	
CSU, Chico			Budgetary: Contractual:	Diane M. Johnson (530) 898 Virginia Sturr (530) 898-570	-5700 )
Chico, CA 95929-08	70		7. TYPE OF APPL	ICANT: (enter appropriate letter in	N (xod
EMPLOYER IDENTIFICATION:  6 8 - 0 3  TYPE OF APPLICATION:	8 6 5 1	8	A. State B. County C. Municipal D. Township	H. Independent School Di     State Controlled Institu     J. Private University     K. Indian Tribe	st.
	] New x Continuation		E. Interstate F. Intermunic G. Special Di	L. Individual ipal M. Profit Organization	01c3 non-profit prporation
A. Increase Award     D. Decrease Duration	B. Decrease Award Other (specify):	C. Increase Duration	9. NAME OF FEI	U. S. Department of Comm	erce
10. CATALOG OF FEDER	TO LEGISTA	NCE NUMBER:	11. DESCRIPTIV	Economic Development Admin E TITLE OF APPLICANT'S PROJEC- nter Planning Assistance for a 1	T:
12. AREAS AFFECTED BY PR Butte, Colusa, Del Nor Mendocino, Plumas, S Trinity, and Yuba	te, Glenn, Humboldt, i hasta, Sierra, Siskiyo	tes, etc.): Lake, Lassen, Modoc		s North State.	FEB 3 2003
13. PROPOSED PROJEC	ng Date a. Applica		b. Project		TEARING HE
Oldit Date	/28/04	2	1 6 1		
15. ESTIMATED FUNDIN	G:		16. IS API	PLICATION SUBJECT TO REVIEW B IR 12372 PROCESS?	Y STATE EXECUTIVE
a. Federal	\$	110,000.	^^	. THIS PREAPPLICATION/APPLICAT AVAILABLE TO THESTATE EXECU	ION WAS MADE
b. Applicant	\$	36,667.	00	PROCESS FOR REVIEW ON:	
c. State	\$	4	,00	DATE 1/31/03	
d. Local	\$		.00 b. NO	D. X PROGRAM IS NOT COVERE OR PROGRAM HAS NOT BE	
e. Other - Private Investi	nent \$	30,000	.00	FOR REVIEW	
f. Program Income	\$		<del></del>	HE APPLICANT DELINQUENT ON AN	NY FEDERAL DEBT?
g. TOTAL  18. TO THE BEST OF I	\$ MY KNOWLEDGE AND B	176,667 ELIEF, ALL DATA IN THIS BODY OF THE APPLICA	'.UU	APPLICATION ARE TRUE AND COR CANT WILL COMPLY WITH THE ATT	RECT. THE DOCUMENT I ACHED ASSURANCES IF
ASSISTANCE IS AWAR	orized Representative	b. T	itle Director, Cograms	Office of Sponsored	c. Telephone number 530-898-5700
d. Signature of Autiforiz	Jeff Wright	<u>  Pic</u>	/91 and 9		e. Date Signed
1 - \ \b \l	N NOUL				Standard Form 424 (REV. Prescribed by OMB Circular

OMB Approval No. 0348-0043